

# RAYS OF HOPE

## EVOLVING INCLUSION IN CBR





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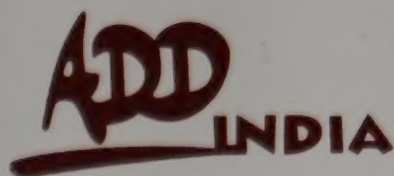
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**Basic Needs India**  
...promoting mental health  
and development

**MISEREOR**  
• IHR HILFSWERK

"We acknowledge the support of MISEREOR  
in bringing out this publication."



# ACKNOWLEDGEMENT

Caritas India CBR Forum (CBRF) with Caritas India, Delhi as its legal holder, Action on Disability and Development India (ADD India) and Basic Needs India (BNI) promote CBR in rural India. These three NGOs have come together to bring out this publication.

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# FOREWORD

According to the National Census of India 2011, there are 2.9 million people with disabilities (PwDs) in India, who represent 2.13 % of the total population. This includes people with visual, hearing, speech, locomotor and mental disabilities. 75% of the people with disabilities live in rural areas, 49 % are illiterate and only 34% are employed.

For MISEREOR, PwDs are one of the most vulnerable and “left behind” groups in the society, whose rights and needs have to be addressed in order to fight inequality and contribute to their inclusion in society. In line with its aims to fight poverty and disease, MISEREOR works with its partners in order to promote disability inclusive development.

Caritas India CBR Forum is a longstanding partner committed to the field of disability. Today, they touch the lives of 34,341 PwDs in rural areas through their Community Based Rehabilitation Strategy and 26,401 PwDs through programmes with Disabled People’s Organizations covering nineteen states and one Union Territory of India by joining hands with 58 Non Governmental Organisations (NGOs) and 15 DPOs. Their work, based on the principles of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), is an important contribution to achieve sustainable development. In South India, they are assisted by two other partners of Misereor – while ADD India, a training organization in CBR and Disability, imparts training to their NGO Partners at field level, Basic Needs India cares for the training in Mental Health. ADD India also has some direct interventions at field level.

This document showcases the experience of the above organizations. It presents case studies that intend to share the experiences, understanding and challenges related to inclusion of PwDs in society.

We would like to thank all those who participated actively in the development of this document and wish that this document will be useful and inspiring for other people's organizations intending to walk along the same path.

Dr. Nina Urwantzoff  
Health Advisor, Misereor  
17.3.2016



# PREFACE

The purpose of this booklet is to document and highlight the efforts of various community based rehabilitation programmes in different parts of the country that have brought about changes in the lives of Persons with Disabilities (PwDs) and their families. These programmes have contributed greatly to changes within community structures, practices and attitudes.

This booklet aims to bring to the fore experiences that, in varied ways, have favoured the inclusion of PwDs and their families within their community. This inclusion has occurred within both the formal and informal structures of society. The focus of this publication is to emphasise the small but sure gains in terms of changing attitudes, practices and systems effected within local communities that have impacted the lives of PwDs in a positive way.

The efforts of PwDs, whether individuals or in groups, along with their families and communities have resulted in achieving a better quality of life. Many of these PwDs have also emerged as role models and leaders in their own right. It also shows the effort they have put in to achieve this change for the better. For each person featured here, there are many more out there living their lives within their communities with dignity and grace and with the sure confidence that, despite their impairments, they too are part of the daily lives of their families and communities!

This document is a tribute to their achievements.





In India, according to the Census 2011, there are 26,810,557 persons with disabilities (PwDs), of whom 2.41% are male and 2.01% female. PwDs constitute 2.21% of the total population of India. Children constitute 1.6% of the population of PwDs. Considering the disability wise break up, persons with locomotor impairment (20.3%) constitute the most common form of disability followed by visually impaired people (18.8%). Of the other disabilities, persons with speech and hearing impairments (14%), persons with multiple disabilities (7.9%), persons with intellectual impairments (5.6%) and persons with mental illness (2.7%) are the more prominent categories.

The State's response to PwDs in India had been more charitable and welfare oriented till the 1990s when international developments and national level activism created a pressure to enact appropriate legislation to ensure their rights. Till then, efforts towards establishing and protecting the rights and dignity of PwDs in India had been sporadic and subject to the wishes of successive governments. The Persons with Disabilities (Equal Opportunities, Full Participation and Protection of Rights) Act 1995 and the National Trust Act 1999 promise the fulfilment of basic rights to survival, health, education, employment and social protection. Both these laws ensured that there were different schemes and programmes undertaken by both the central and state governments for the upliftment of PwDs in India. After India became a signatory to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), there have been concerted efforts to draft a rights based legislation to ensure the enjoyment of rights and social protection of PwDs in India. This draft bill is soon to be placed in the parliament for debate and passing to become a law.

As India is a vast country, the specific situation of PwDs varies greatly from urban to rural areas. While most of the disability related services are well established, mainly through state and public funded institutions in urban areas, the implementation of state sponsored community based programmes in rural areas has remained limited and piecemeal till date. Most PwDs in India live in rural, resource and service poor areas with very little access to state guaranteed services for identification, early intervention and management of impairments. Hence, most PwDs and their families either have no access to services and guidance or cannot access the same. In such a scenario, much of the responsibility for ensuring community based rehabilitation provisions for persons with different disabilities has been taken up by Non Governmental Organisations (NGOs) that have worked intensively in small pockets and effected community level changes that have ensured a minimum quality of life for PwDs and their families. The approaches have been diverse, the strategies varied and the impact on PwDs, their families and communities often unprecedented.

The evolution of Community Based Rehabilitation as an alternative form of service delivery began in the 1970s, with increasing realisation that in developing countries, rehabilitation services were practically non-existent or grossly inadequate, with lack of national planning and co-ordination of (medical, educational, vocational, social, etc.) services. There was a call for services that would reach out to all PwDs providing at least



the essential services and opportunities in ways that would be suited to the cultural, social, educational and health realities of the developing regions. Community involvement was seen as a necessary component, with local micro-management and control of resources.

PwDs and their families were to be involved and empowered as part of this process, along with promoting a service delivery system that uses local human resources and multi-purpose personnel. CBR is a strategy within general community development for rehabilitation, equalization of opportunities and social inclusion of all children and adults with disabilities. CBR is implemented through the combined efforts of PwDs themselves, their families and communities, and the appropriate health, education, vocational and social services within the community. As all communities differ in socio-economic conditions, terrain, cultures and political systems, there cannot be one model of CBR for the world.

There have been various efforts by different NGOs in India to implement CBR programmes in different parts of India, all having a similar purpose but varied in terms of delivering the programmes, as communities, locales and needs of people are different. This booklet aims to document the efforts of 3 such organisations that have been working in different parts of India, either directly or through partners to promote CBR as a strategy to bring about changes in the lives of PwDs in India. These 3 organisations are Caritas India CBR Forum, Basic Needs India and Action on Disability and Development, India.



**C**aritas India CBR Forum (CBRF) embarked on its journey in June 1996 with a focus on Community Based Rehabilitation (CBR) in terms of interventions at the individual, family and community level. At present, CBRF works with 58 NGO Partners and 15 DPOs implementing 79 programmes spread across nineteen states and one Union Territory reaching out to 60,742 PwDs. Over the years, CBRF has moved from working with large projects to micro projects, while partners were invited to work with around 300 to 400 PwDs. Working with and within communities, there was a lot of learning which led to the further evolution and strengthening of the strategies and approach of CBRF. CBRF sought out NGO partners in remote rural areas from backward districts of the country where PwDs and their families had very little access to services, entitlements and awareness. Today, the CBRF supported programmes are exclusively rural based, as these are the areas where resources are least available. Women and children are placed at the top of its list of priority stakeholders. To ensure that the quality of CBR programmes is maintained, CBRF collaborates with three training organizations – ADD India based in South India, SANCHAR based in Kolkata and Bethany Society, in Shillong, NE India – to train the CBR teams of its NGO Partners. It joins hands with Basic Needs India to ensure that its partners in the south are trained in promoting the inclusion of those with Mental Illness in the local community.

Working with communities brought in a new insight – the need for active advocacy by the PwDs themselves. CBRF encouraged its CBR partners to form Disabled People's Organisations (DPOs) in their project area and to federate them at Block level. These DPOs are then federated at National level.

CBRF also commenced a new approach, the District Level Initiative (DLI) approach, the first of its kind in the country! Here, five to eight NGO Partners in the same District were selected, their task being to identify PwDs and build DPOs that would be able to lobby and advocate for desired change, mostly at the systemic level. In the DLI approach, DPOs formed by each individual NGO partner are federated at Block, District, State, Regional



level. Through discussions at each level, DPOs identify issues that are then taken up for redressal with local authorities at different/ various levels – village, panchayat, block, district, state and region.

The process of including DPO members in various high level Government committees like the District Planning Committee, the Divisional Railway Users' Consultative Committee of Southern Railway, Chennai, has commenced.

CBRF has also been experimenting in mainstreaming of PwDs into the existing work of the NGO Partner without commencing a disability specific programme.

More recently, CBRF has expanded its vistas by exploring with Fellowship Programmes. In addition, programmes aimed at working with communities, families and individuals to "Lift Barriers" that prevent PwDs from participating in everyday life within their communities have also been initiated.

CBRF's option to help PwDs have a voice of their own was given a fillip with the latest developments at the national and international levels, particularly the ratification of United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) by the Indian Government. Today, its focus and priority is to enhance the participation of PwDs in the decision making process in the family and in the community and their inclusion in mainstream development processes.

CBRF, through its partners, has now commenced working directly with DPOs in view of building their capacities to manage their own affairs. In March 2016 CBRF crossed a new milestone, it initiated the formation of a National Disabled People's Organization (NDPO), with representatives from across the country.



**B**asic Needs India (BNI) was conceived in 1999 even though it was formally registered as a Trust in 2001. This was the time when, even though recognised as a disability under the Persons with Disabilities Act 1995, persons with mental illness were conspicuously absent in CBR programmes. Influenced by the spirit and ethos of the CBR movement in the country, the pioneers (Founding Trustees and the Chief Promoter) of BNI who were products of the CBR / Development movement, decided to develop community based programmes geared to include persons with mental illness within the family and community.

Through a series of stakeholder consultations in their communities (especially primary stakeholders), the Vision and Mission of BNI was developed with a focus that broadened the approach to mental illness, focussing not on the individuals but on the wider dynamics within the communities that not only cause but also perpetuate stigma and discrimination against people and families so affected. Thus programmes were conceived and developed out of the belief that the rights of people who experience mental illness, especially the poor and marginalized, need to be addressed within communities. The major resources available in the mental health sector are either institution based rehabilitation or hospital based services, both of which are limited and impractical for the needs of the poor persons with mental illness, especially for those living in rural areas.

BNI's main role is that of a resource organization that works with partner agencies to implement programs to create a caring, accommodating, understanding environment, to ensure service provision, social inclusion, livelihood options and the right to equal opportunities for the persons with mental illness and their families. Such an effort is multi-sectoral and involves liaising with a host of stakeholders - people affected by mental illness, family members and other care providers, community members, medical



professionals, other organisations working in the region, policy makers and government authorities.

In the past 15 years, through the strategy of partnership with 'development agencies spread out in 8 states, BNI and partners have been able to positively touch the lives of over 27,000 persons with mental illness (PwMIs) and their families. CBRF's vision and value guided approaches in the DLI programmes have matched with BNI's own approaches and has facilitated the integration of community mental health and development (CMHD) into the overall CBR programmes.



**A**ction on Disability and Development (ADD) India was set up in 1989 by a group of people with different disabilities in Bangalore, with the main purpose of enabling persons with different disabilities to advocate for their rights for inclusion and to mainstream disability into existing structures. Seeing the potential of the mainstream NGO sector in India, especially in rural areas, it developed a strategy and a methodology to influence and build their capacity to include PwDs in the work they do with other people living in poor communities facing exclusion and discrimination. The major focus of ADD India is to work as a resource agency to motivate PwDs to form Self-Help Groups (SHGs) in villages and later to form Disabled Peoples Organisations (DPOs) at local, block and district levels.

ADD India pioneered the idea of Self-Help Groups of PwDs in villages and mainstreaming disability 25 years ago. Over the years, it has successfully equipped over 250 NGOs in the five South Indian states to work with thousands of persons with disability. It has trained and built the capacity of DPOs to function effectively in the southern region to improve the quality of life of PwDs. Presently, hundreds of DPOs have been formed and are functioning effectively in the southern states, enabling PwDs to avail their entitlements and promoting their inclusion in schemes and programmes of the government. These DPOs advocate for the rights of PwDs and take up issues of discrimination faced by them.



All the three organisations – CBRF, BNI and ADD India – have used the strategy of community based inclusive development to impact the lives of PwDs and their families.

Changes have been effected at individual level and within families and communities, through provision of services for development as well as facilitating access to their rights to health, education, livelihood and social security, using advocacy by both PwDs and their families in different parts of the country. While the CBR approach promoted by these 3 organisations broadly follows the CBR matrix in terms of the five key components – health, education, livelihood, social and empowerment – the programmes have been allowed to develop in response to local needs, priorities and resources. The aim has been to improve the quality of life of PwDs and to ensure that they enjoy human rights. This has, in turn, created space for the realisation of the philosophy enshrined in the UNCRPD, which makes a difference at the community level. CBR has helped in promoting advocacy activities which aim to develop or strengthen dialogue between local and national levels. This is realised by strengthening local groups or DPOs to stimulate the growth of inclusive national and local policies relating to sectors such as health, education and livelihoods.

The case studies presented here are of real people living in communities where, over the years, they have been empowered to enable PwDs and their families to realise their full potential as well as to take responsibility for the PwDs who need support, care and protection.



# North Eastern India



The North Eastern region comprises of eight states which are Assam, Tripura, Meghalaya, Manipur, Nagaland, Mizoram, Arunachal Pradesh and Sikkim. There are around 220 tribes in the region with 36 major languages and 200 dialects being spoken in the entire region. There are also many sub tribes and dialects especially in Nagaland, Meghalaya and Manipur. The majority of the tribal population are Christians, while there are both tribal and non tribal people practicing other religions that include Hinduism, Islam and Buddhism.



Geographically, the region is dominated by dense forests, rivers, lakes and mountains. About three quarters of the region is covered by hilly terrain, with steeply rising hills adjoined by deep river valleys and one quarter is made up of the plain areas in Assam, Tripura and Manipur. This region has some of the Indian sub-continent's last remaining rain forests, which support diverse flora and fauna and several crop species. The main source of livelihood is based on agriculture and the forest produce. Little land is available for settled agriculture. Along with settled agriculture, jhum (slash-and-burn) cultivation is still practised by a few indigenous groups of people. The inaccessible terrain and internal disturbances have made industrialisation difficult in the region.

Health and other services are mainly situated in the capital cities. Apart from Assam, and to an extent Meghalaya, the government services are poor. The geographical terrain also becomes a major barrier to access the few facilities that exist. Transport is available mainly on the main roads. In the interior areas, there is virtually no transport, except on market days. As villages are actually small hamlets on top of or at the base of hills, scattered and remote, schools are clustered around market towns, which make it difficult for young children to access education as they have to walk long distances to schools.

In the plains, the mechanism of governance is through elected representatives whereas in the hills the traditional system of governance by locally selected/nominated/elected representatives continues. There are special laws, constitutional provisions, which seek to protect the traditions, lands and rights of various hill communities. The NE region has been affected by numerous conflicts for decades, which continue to flare up periodically. Due to all these reasons, the development of infrastructure, institutions, communication and services is lagging behind the rest of the country.

The challenges for PwDs living in small district towns and rural areas of North East India, in terms of access to disability and rehabilitation services, remain huge as the minimal available services are concentrated in the urban areas. Government services in disability and rehabilitation are extremely limited in the region. As most areas are remote and underprivileged, access to even information about disability and rehabilitation services becomes problematic. For children with disabilities living on top of the hills, unable to even go out of the home, there is a great impact not only in terms of their physical development but also in terms of their social and cultural development. Families of children with disabilities are further disadvantaged by lack of access to early identification and early intervention services available locally, limited provisions for community level rehabilitation workers and lack of support services for PwDs. This is further impaired by the difficult terrain, lack of roads infrastructure and physical accessibility including access to buildings and public transport. In addition there are climatic issues such as frequent rains and landslides.





**Ferrando Integrated Women Development Centre - Peace Home (FIWDC)** was started in the year 2005, in Aizawl District of Mizoram to help women and young girls live more dignified and purposeful lives. FIWDC provides service to recovering drug users, alcoholics, sex workers, those affected with HIV/AIDS and the most vulnerable young girls of the society. FIWDC has been implementing a CBR programme for PwDs since 2010 with the guidance of Caritas India CBR Forum.



**S**amuel, 24 years old, lives with his parents and sister in a village in Aizawl, Mizoram. The youngest child in the family, Samuel was affected by Cerebral Palsy (CP) when he was about 10 months old. He studied in Gilead Special School in Aizawl but preferred to continue his studies at home under the guidance of a home tutor.

When he was about 7 years old, he fell in love with drawing - first he started sketching with pencil and pen and after that he began started using water colours. When he turned 9 his parents, recognising his unique talent, hired a tutor to teach him drawing and painting hoping to nurture his interest. With increasing deftness and skill, Samuel started participating in drawing competitions and won many prizes. His parents encouraged and promoted his interest within their meagre resources. The CBR programme helped Samuel develop his skills further by organising training not only in painting but also in computer aided design and drawing.



Samuel started using computers to express his creativity. At present he is a free lance artist who uses technology. He is now a well sought after artist who also gets contracts for his designs and drawings from foreign countries. His paintings sell for a high price both in the country and abroad.

*"If there is a will there is a way. If we try our level best in everything we do, success is in our hand. Always believe that, 'I Can Also Do'."*

*- Samuel*



**Swabalambi** started working from 1997 with Persons with Disabilities in the area of health, mainly in and around Kamrup district in Assam. Swabalambi facilitated assessment of disability, required corrective surgeries, free medicine, regular physiotherapy, speech and occupational therapy, that improved the conditions of the people with disabilities. Since 2005, Caritas India CBR Forum supported Swabalambi to start working within the CBR matrix of Health, Education, Livelihood, Social and Empowerment with an overall aim of creating an inclusive community.



## SUCCESSFUL LIVELIHOOD THROUGH HANDICRAFTS

**R**aju, 32 year old, lives with his wife Sonali and two sons - one is a ten year old studying in Class V and the other is a three year old going to the local Anganwadi Centre. Raju had polio in his childhood which resulted in paralysis of both his lower limbs. He had never been to school. They belong to a local Kabri tribe. He has two elder brothers and sisters who are married. The family used to think that he was of no use and would become a burden on them.

In his village there was an artisan who used to make bamboo craft and sell them in the locality. Raju was fascinated by the artisan. He used to go to the artisan's home and watch how he worked. Slowly the artisan started teaching him some skills. Having obtained some money from his mother, he purchased some bamboo and a tool and started making some bamboo craft on his own. Some of these were sold to the local population.

Coming in contact with Swabalambi, he requested them to accommodate him in their training centre in Sonapur to learn more about bamboo craft. Through Swabalambi he was trained in bamboo craft by different organisations, including the State Institute of Rural Development, Ministry of Textiles, and ARUNIM (the National Trust). He also





participated in National fairs. His work was appreciated by all.

When he decided to get married, he found a young lady who was willing to marry him. The family organised the marriage while Raju took care of the expenses. After marriage his father gave him a plot of land on a small hill top so that he could build his own house and a small plot of arable land. Raju has built a small mud house on the plot.

Now Raju is engaged full time in making bamboo craft, making furniture out of bamboo to supply orders he gets from people in the area and outside. Swabalambi also plays an active role in marketing some of his products in the state capital. Apart from furniture, he also makes decorative items, baskets, products for fishermen and some products which are used in most local households. He earns about Rupees fifty to sixty thousand a year. His wife has joined a local micro credit group and has taken a loan of Rupees Ten Thousand - this amount has been invested in his business and the plot of land that they have.

*"I am now confident about myself. I am planning to have my own shop in the local market so that my business grows," says Raju with a confident smile.*



**Care and Support Society** was established in Mokokchung district of Nagaland state in 1995. Since the area has a large scale of drug addiction problems among the youth and HIV/AIDS related issues, Care and Support Society chose to intervene to address these problems. Besides, it implements a Community Based Rehabilitation programme for persons with disabilities commenced in partnership with Caritas India CBRF from 2012.

**K**atipenla, 10 years old, who has the physical look of a 4 year old child, lives with her family in a village of Mokokchung District in Nagaland. Her father, Mr. Rongsenungba, is a school teacher and her mother is a home maker. Katipenla is the youngest of three children (2 girls and 1 boy). She is unable to walk long distances due to mobility restrictions.

During 2014, with the intervention of the CBR staff she was enrolled in the Putir Menden Primary School, Khensa, in the nursery section. After some months of schooling she did not like to continue her schooling due to accessibility issues and she became irregular. CBR workers continued to support her by teaching her reading, writing and arithmetic at home and she was encouraged to attend the same school. The family members and the CBR staff enabled her to take part in Sunday school, where she participates in activities like singing, poem recitation etc. At this very young age, she has the ability to sing well, and this special talent was recognised by the facilitators of the Sunday School.

As she was a good performer with outstanding talent in singing, she was invited to perform on various occasions. Having become the talk of the locality, a board member of the Care and Support Society decided to help her to broadcast her talent to the world beyond. With the help of the CBR team and financial support from her well wisher, Katipenla recorded a music video album, which was released on 3<sup>rd</sup> Dec 2014, in a function organised on the occasion of International Day of Disable Persons. The Government of India, in recognition of her talent, honoured Katipenla with a national award under the category "Best creative child with disabilities" on 3<sup>rd</sup> December 2015.







## **COLLECTIVE ACTION FOR COMMUNITY PARTICIPATION**

***Meimlong Disabled People's Organization, Nagaland.***

Aoyimkum village in Nagaland was found to have the highest number of PwDs in the CBR field area. However there were no disability specific services or facilities available within the community. There was a general community attitude of charity and protection of PwDs and their families. This was one of the reasons that initially CBR interventions were not looked upon favourably by the villagers. Through regular visits and meetings with the village stakeholders including PwDs and their family members, a Disabled People's Organisation (DPO) was formed for people to come together, share their problems and address the issues by themselves.

The members of the DPO realized the importance of income generation activities, and for starters, they started monthly savings for each member. Seeing their active participation, Prodigals' Home sourced funds from Caritas India CBR Forum and two other organisations to start income generation activities. The group members are now actively engaged in different income generating activities in the community such as petty business, selling of dry fish, tea leaves, fermented soyabean, vegetables, collecting of scrap and reselling the same, selling home-made detergents etc. At present they are in the process of availing a loan from NRLM to further their economic activities.

The DPO decided to take up community level sensitisation and organized meetings with village council leaders to advocate for a ramp in the newly constructed Village Council community hall. In addition, the village leaders and church leaders have been sensitized about the inclusion of persons with disabilities in the NREGA programme and these leaders have provided job cards to adults with disability under this programme. Going a step further, the Village Council has also reserved 3% funds in all poverty alleviation schemes for PwDs. The response of the village leaders and community has created an enabling environment for the PwDs!

Meimlong DPO is one of the strongest and most active DPOs in the North East Region. Both children and adults with disabilities are represented in the group and carry out the activities by themselves. Financially, they are secure and pursue their individual income generation activities with zest. They engage in advocacy activities at the village level as well as in the District. Recently, they have joined the National level DPO started by Caritas India CBR Forum.



**Prodigals' Home**, established in 1990, works with people from diverse backgrounds and on varied issues such as Health, Social, Economic, Rural Livelihood, Disability and Policy Advocacy. Currently, it implements a HIV/AIDS prevention/intervention Programme for the Injecting Drug Users, Street Children, School Dropouts and Female sex workers of Dimapur. Since 2007, Prodigals' Home joined hands with Caritas India CBR Forum to implement a Community Based Rehabilitation Programme for PwDs in the Dhansiripar area of Dimapur District.

## RUNNING TOWARDS GLORY





Mhachio, 21 years old, lives with his family, which includes 3 sisters, in Dimapur. His younger sister is severely affected by Cerebral Palsy since birth. Mhachio had delayed development of milestones and though he started school at the proper age, his speech, comprehension ability, visual capability and physical growth began to show signs of impairment and comparatively slow growth.

It was during his second year in the same class (Standard V), that CBR field workers of Prodigals' Home came into contact with him and his family members. He would leave the house only to go to school. Initially, when the CBR team visited him, he refused to meet them and remained in his bedroom. The CBR workers however persisted and slowly developed a relationship with the child and the family. Mhachio was encouraged to attend Sunday school and other social gatherings apart from going to school. He was always invited to attend and participate in the programs related to disability organized by Prodigals' Home.

The CBR team worked with the school authorities to discuss the need of inclusive education, particularly for Mhachio. The school responded positively by engaging a teacher to provide remedial teaching after school hours whilst also providing a teacher solely to facilitate him during his examinations. The school also gave concession on his monthly school fees because of the impoverished condition of his family. Despite his disabilities and numerous challenges, he continued his school education. He dropped out a few times but continued again with the active support of his school teachers, the school authorities, his friends and in particular – his persistent parents. He has recently passed his Class X exams – a major milestone in his life

Initially, when the CBR team encouraged him to participate in sports events within and outside the state, he was not confident enough and even his parents refused to send him on the ground that, “he needs special care.” With constant encouragement, the team was able to convince him and his parents, who agreed that he participates in such events on the condition that one CBR team member would always accompany him. He thus began participating actively in social and sports activities, which in turn gave him confidence and a strong self-esteem. In addition, he proved his mettle in the field of sports.

Mhachio was selected to participate in different State Games, National championships and even in the International Games in Australia held in December 2013. He has won 3 silver Medals in 100m race and Long jump and 1 bronze Medal in standing long jump in the State Games. At the National level games he got 1 silver medal in football and 1 bronze medal in 100m race. He has also participated in Special Olympics Asia Pacific Regional Games held from 29<sup>th</sup> November - 7<sup>th</sup> December 2013 in Newcastle, Australia.

Today he is confident and can travel around with his team mates, participating in sports at different levels.



**Wellspring Social Service Society (WSSS)** run by the Holy Cross Sisters in Mairang, West Khasi Hills District of Meghalaya focuses primarily on building a 'Holistic Healthy Society' keeping in mind the cultural, economic and community background of the Khasi tribe that they work with. They have been organising the women of the area into self help groups since 2001 and also provide various kinds of vocational skill training like tailoring, embroidery, knitting etc. with support from government training institutions. They also run a hospital and community health services for the local communities. As a partner of Caritas India CBR Forum, they have initiated CBR in the area since 2009.

## INCREASING CONFIDENCE TO ASPIRE FOR MORE

**E**leven year old Lucky lives in a small rented house with his parents, one elder brother and two younger sisters. When Lucky was two years old the family noticed that he had white patches in his eyes. They went to a local village practitioner who reportedly put tobacco water in his eyes. This apparently increased the problem in the eyes and they started bulging out. He complained of pain. The family got some eye drops from a local shop but could not take him for further treatment. Lucky slowly started to lose his eyesight.

In 2009 the CBR worker (CBRW) visited them and convinced the family to take Lucky for an eye check-up. The doctor told them that the eyes were already destroyed because of vitamin A deficiency and that they had to be removed as they were infected. The family was reluctant to go in for a surgery. After a series of counselling sessions, they finally agreed. Lucky's left eye was operated upon, with the support of Sarva Shiksha Abhiyan (SSA). The doctors informed them that the other eye also needed similar treatment. Today, WSSS is in touch with SSA and the plan for the second surgery is under process.

Lucky had never been to school. The child has now been admitted to Class I in the local school. He is accompanied to school by his mother or a friend from the neighbourhood. His friends also bring him home after school hours. When the CBRW found that the child was completely dependent on his mother for his mobility and Activities for Daily Living (ADL), she helped the mother to train Lucky in self care activities and to move in and around the house. Lucky is now fully independent in his ADL. He can even move around in the neighbourhood. He has a few friends in the neighbourhood who play with him – they are also in the same school as him. Lucky's world has expanded.

“Earlier I used to be completely dependent on my mother. I did not even dare to move around the house on my own. My interaction with the world was limited to my parents and siblings. Now, I have learnt to be on my own. I can manage my daily activities on my own. I can go out and roam in the locality and I have friends in the locality with whom I play cricket and cards,” says Lucky with a smile on his face.

The CBR team is exploring possibilities of helping Lucky to learn Braille from a young man living in the area. They are trying to obtain a Braille slate and other support from SSA so as to ensure that Lucky is able to maintain the progress he has made in the last few years.







# Eastern India



**T**he eastern region is comprised of the states of Bihar, West Bengal, Jharkhand and Orissa. All these states are home to a considerable number of Adivasi communities. Each of the tribal groups has its own language and traditional customs that cover governance, relationships among members of the tribe and with other people, law and order, celebration of rites of passage and festivals, and practically most aspects of day to day life.

Geographically situated in the eastern part of India, the terrain of the area is mostly hilly with considerable forest coverage. The Adivasis and a considerable proportion of people of other ethnic groups who depend on agriculture have their own cultivable land and most families also have livestock. Cultivation is seasonal, linked to and dependant on the monsoon, as there are limited irrigation facilities in the area. Consequently the economic level of the majority of families is very low, with communities largely dependent on forest products and using forest resources to produce items for sale in the local markets. People live mostly in small villages of 50 – 100 households, grouped in several hamlets with families of different ethnic groups usually living in separate hamlets. Villages are quite far from each other and people from different villages meet mostly at the local weekly or bi-weekly market.



Road connectivity has improved in recent years but over half of the villages are still reachable only by cycle or on foot, more so during the rainy season when even two-wheelers cannot be used on kaccha roads. Public transport is limited, even where roads have been constructed. Electricity has reached around 60% of the villages. Safe water supply is mostly from deep bore wells with streams and dug out ponds being used for bathing and washing. Health services are provided through the national network of Primary Health Centres and sub centres, Anganwadi Centres, ANMs and ASHA workers, but a considerable proportion of people prefer going to the traditional healers and / or the itinerary 'doctors' who speak their language, understand their mentality and serve them at their doorstep.

Most villages have a primary school, enrolment is high, especially in view of specific benefits available for ST and SC students; but attendance does not match the enrolment figures and is often conditioned by the menu of the mid-day meal which is given to children who attend school. Many schools have 2-3 teachers for Class I – VI, resulting in poor academic performance.

Among the Adivasi population, each village follows a system of self governance with a traditional headman and council who call village meetings to discuss and decide anything and everything pertaining to village life. The system of governance is egalitarian and decisions are reached by consensus, which may take considerable time and effort to achieve. The traditional form of governance has been given recognition by the State in the form of the PESA Act 1996 which ensures that matters concerning the village including law and order, except for criminal cases, must be dealt with in the village council and referred to other authorities only when necessary by the traditional leaders themselves.

Service provision for the rehabilitation and development of PwDs is even more limited. Doctors at District hospitals usually prescribe medication for developmental delay and cerebral palsy and leave it to parents to look for rehabilitation services. At the PHC and village level there is even less knowledge about appropriate interventions or even referral. Professional therapists are few and found only in larger towns. DDRCs have been set-up but they function mainly as channels for the provision of wheelchairs and tricycles.

The resilience and struggle against adversity of yesteryears that characterised Adivasi villages reflected the mutual cohesion and support within their community. However, the parallel panchayat system, the courts, the arrival of many Government benefits and schemes, as well as increased exposure of Adivasi youth to different life styles has considerably eroded the traditional self-sufficiency and self-determination of the Adivasis.





**SADHANA** is a voluntary organisation implementing Community Based Rehabilitation since the year 2000 in the predominantly tribal area of Baripada and Suliapada Blocks of Mayurbhanj District in Odisha. In promoting inclusive communities, SADHANA accords equal importance to rehabilitation and inclusion, both aspects being held together by the common, constant effort to reduce barriers of all types and at all levels. CBR efforts have ensured that a “resource pool of knowledge and sound practice” is built within the village community. This resource pool is made up of family members, individuals with disability, members of Collectives of persons with disability and their representatives, as well as concerned villagers. This is crucial for sustainability as well as for self-determination of the community and its members with disability.

## HARNESSING COMMUNITY AND FAMILY SUPPORT

**I**n 2007 when Guha Marandi, a Santal, got married to Rani, they bypassed many of the tribal customs regarding marriage that are prevalent in their community. Since Guha could not afford a goat and rice beer, which would cost around Rs. 2000, he dispensed with the feast for the villagers. By doing this, he actually cut himself and his wife off from the villagers, and the couple were ostracised by the villagers. No one spoke to him or his wife and a fence was constructed in the courtyard, dividing his area from that of his brother. Finding themselves completely isolated, Guha and Rani found a job as caretakers on a farm in another village and lived in a shed on the premises.





In 2008, their son Indrajeet was born at home, delivered by the local dai (midwife). Soon after, he had high fever and had to be hospitalised. Over time, the parents realised that Indrajeet was not developing like other children: at 6 -7 months he could not hold up his head and he also had difficulty with vision. About 2 years later, worried and helpless, Rani approached the SADHANA CBR worker (CBRW) who was visiting a child with disability in the area. When the CBRW found out that the family was from a different village, she visited their family members in Guha's village but they were reluctant to talk to her. Talking to other villagers, the CBRW came to know the whole story and began to understand why Indrajeet's parents were so disheartened and helpless - they had to deal with the problems of Indrajeet on their own.

The CBR worker realised that reintegration into the village was the priority. She spoke to the village headman and other villagers about the difficulties being faced by the parents in dealing with Indrajeet's limitations. She indicated that they could help the family overcome their problems so that the child could be helped to grow and develop. This was enough for the village leaders, who traditionally are responsible for preserving the integrity of the tribe, to find a way of receiving Guha and his family back into the life of the village. He was asked to give a hen for a village meal to make up for his wrong doing. With this done, Guha returned to his ancestral land and home with his family.

With support from the extended family in his ancestral village, Indrajeet is progressing slowly with the help of systematic interventions started by the CBRW and taught to the child's mother. In the company of cousins, Indrajeet has developed both physically and socially. He walks independently despite of his right side weakness. He communicates his needs and likings through speech, though this is limited. He has some friends, who along with the grandmother and cousins play with him and help him to learn to count.

One of Indrajeet's main impairments was his lack of vision due to congenital cataracts. With the help of the SADHANA CBR worker, he was operated in a hospital in Bhubaneswar, where they could avail of total subsidy since the family is below poverty line. The surgery, carried out in March - April 2014, brought considerable improvement in his eyesight and consequently also in his development process. Indrajeet has started attending the local primary school and is now in Class II. He is accompanied to the school by his mother and at times by his friends. Rani is highly protective of her son and is reluctant to allow him to go to school with his peers. At school he is looked after by his two cousin sisters who help him wash his plate after eating his mid-day meal. He is independent for other activities.

*"My grandson is a lot better than before. He is getting better. He fetches things for me whenever I ask him. I want him to get stronger so that he can work and be self dependent"*

*Grandmother*

*"Indrajeet has improved a lot. My mother-in-law, brother-in-law and sisters-in-law and their families, my son's playmates and some neighbours are very supportive. I expect him to go on improving and to continue his studies."*

*Rani (Mother)*



# MOTIVATING FAMILIES

**B**udhuni, now 16 years, a girl with intellectual impairment, hails from a village in Bankisole Panchayat of Mayurbhanj District, Odisha. She is the third child in a family of five children. Her father is a daily wage labourer and the family does not own any land except the plot on which they have built a thatched house. A premature baby, Budhuni could not walk or speak until the age of two years and neither was she able to do any self-care activities. Despite visiting different doctors, the parents could not find any solution for her improvement.

Budhuni was identified by SADHANA when she was two years of age. At that time she was malnourished and had to be fed well for a few months before any intervention could be planned. Then comprehensive interventions aimed at teaching her to sit and stand with support were initiated with active involvement of family and neighbours. Gradually she was taught to be independent in self-care activities. A daily routine was developed for the child and the siblings took much interest in learning the skills from the CBR Worker and ensuring the same was continued regularly.

She was admitted in the regular village school in the year 2006. Home based education support was provided with collective effort of the CBRW and elder siblings. Last year she was admitted in a residential school in Class 8 as the village school was only up to Class 7. She is staying with her sister who has been trained to teach her about taking care of her menstruation. She has been included in most of the extra-curricular activities of the school and for academic lessons she needs a lot of support which is being provided by her sister.

Budhuni is now leading a happy life. Her parents are happy that with support from SADHANA they could bring a lot of change in the life of Budhuni. Like other children, she is being included now in most of the activities within the community.



*"Through support of SADHANA we gradually learnt to help our child to learn most of her life skills and we could manage to put her in school. Now she is studying in a residential school with her sister and we are very happy"*

**Parents**

*"We did not know how to support the child and the family. When we saw that with training the child was able to walk, we took interest and would follow up what the CBR Worker was telling the family to do. Now our whole idea about the child has changed and we have come to believe that she is part of our village like other children".*

**Neighbour**









**Graham Bell Centre for the Deaf (GBCD)** is a NGO established in 1991 by a group of young and enthusiastic persons in Pandua Block of Hooghly District, West Bengal. Now GBCD has entered its 25th year and continues to extend service to the children/persons with disabilities (PwDs) through CBR approach covering 3 blocks of Hooghly District in West Bengal. The vision of the organization is to create a non-threatening and non-discriminating environment within the society, so that the PwDs can enjoy a life with equal rights, equal opportunities and full participation with all other members of the society. The mission of the organization is to empower the PwDs and promote economic self-reliance among them.

## PLANNING LIVELIHOODS, SUPPORTING FAMILIES

**M**anirul, 42 years old, is a person with visual impairment living in Hooghly district of West Bengal. Before he lost his eyesight nearly 20 years ago, Manirul was a scrap selling hawker who travelled from one village to another with a rickshaw to collect and sell scrap. One day while he was sorting the scrap, a bomb burst in his face and he fainted from the impact and pain. His family members quickly rescued him from the place and admitted him in hospital. But he lost his eyesight and had to stop his work.

Manirul was overcome with frustration after losing not only his eyesight but also his means of earning a living. The family plunged into poverty with little income. Manirul had seven children and a wife to feed. He felt his life was valueless as he could not do anything and started suffering from depression.

The CBR team of GBCD identified him when they went to the village to meet one of his neighbours, who is also a PwD. The CBR team, in consultation with doctors from the local hospitals, sent Manirul to see an eye specialist. However there was nothing that could be done to restore his eyesight. The CBR team started working with Manirul and his family to motivate them to think of alternate sources of livelihood. He received entrepreneurship development and capacity building training as part of the CBR programme interventions planned by GBCD. With financial support from both the livelihood component of the CBR programme and the DPO of which he became a member, Manirul set up his own shop for selling scrap. At present he earns Rs. 200 – Rs. 400 per day from scrap selling. His wife supports him in his business.

*"Though I am blind, disability could not hamper my life. I earn a living and maintain my family."*

*Manirul Islam*



**Lohardaga Gram Seva Sansthan (LGSS)** has been working in Lohardaga and Gumla Districts of Jharkhand State since 1985. The key focus of their work is to promote and strengthen Community Based Organizations to address their basic needs and issues, especially productive livelihoods. They also promote decentralized management of the local resources in NRLM, education and health. Currently, LGSS is working with more than 1000 women SHGs, 39 Farmers Clubs and 86 School Management committees (SMCs).

## ADVOCACY WITH LOCAL GOVERNMENTS

### SWABALAMBI VIKLANG MAHASANGHA, LOHARDAGA

**T**his district level federation of collectives of Persons with Disabilities (PwDs) was set up in 2006 under the CBR programme being carried forward in partnership with Caritas India CBR Forum (CBRF). Today, it covers 353 villages in 66 Gram Panchayats in Lohardaga district of Jharkhand. Under the guidance of CBRF, the federation was born with the mission of promoting the rights of persons with disabilities through advocacy initiatives in Lohardaga District of Jharkhand. The major thrust has been on creating awareness of rights and entitlements through collectives and linking them with government programmes to facilitate their empowerment and to enable them to become a part of mainstream society.

Stress has also been laid on bringing about systemic changes as and when required. Swabalambi Viklang Maha sangha has been able to effect positive changes in the district level policy and practice of different government departments by projecting PwDs as a group of people deserving respect and dignity accorded to all other people in the society. Their major strategy for advocacy has been to encourage PwDs to contest in and win the elections to the local body, whereby they have been able to greatly influence and sensitise state departments and political structures to implement rights and entitlements for PwDs already instituted through laws, programmes and schemes. The President of the Federation is an elected representative to the Zilla Parishad and through his efforts as member





of the District Planning Board, the Federation has been able to have interface meetings and discussions with many government departments and officials. Other PwD members who are elected representatives have raised issues of PwDs in the Gram Sabha and Panchayat Samities at different levels to ensure inclusion and consideration of the concerns of PwDs and their families. They have been able to streamline the process of securing disability certificates in the district, in establishing their claims for disability certification and putting pressure on the state government to constitute the district medical board. Due to their advocacy and lobbying, a team of the district mental health programme from Gumla supported by a doctor from the state medical college and hospital in Ranchi are running a monthly clinic in the area, assessing and providing medicines free of cost to people with mental illness and epilepsy.

The Mahasangha has been able to ensure that PwDs from BPL families have access to financial help in the form of disability living allowance as well as scholarships, stipends etc. Through direct advocacy with the District Magistrate's office, they have also ensured that the District Development Commissioner issued a government order enforcing that 3% of all development related funding be allocated for PwDs in the district. This has ensured that leaders of the Mahasangha have been able to lobby for more benefits for PwDs and their families in terms of housing, disability living allowance and other benefits at different levels of governance, the Gram Sabhas and the Panchayat Samities. The Mahasangha has also actively worked for ensuring livelihood rights of PwDs, through government recruitments in different jobs and also in the Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA)

scheme that ensures minimum 100 day work for rural populations to maintain food security. The Mahasangha ensured not only that 3 % of the workers would be PwDs but also that they would be provided work that is apt, keeping in mind their impairments. So many PwDs in the area have worked under this scheme keeping records, providing water to workers and maintaining the child care centres provided to the workers.

All these efforts have brought about changes in the lives of PwDs in the district, with neglect and isolation now turning into positive action to claim their rights. As PwDs have acquired a growing awareness of their own rights, they demand respect and dignity by seeking livelihood and a more proactive role in the life of the community. Where government officials treated PwDs with disrespect and disdain, they are now according due respect and are addressing their issues on a priority basis. Panchayats have started consulting the Mahasangha before taking any decisions at the Gram Sabha so that they can include PwDs and their families in the life of the community. PwDs have emerged as leaders in their own right and have reached a level of confidence and faith in their abilities to become agents of change in their own community, within the district and even at the state level. At present the Mahasangha has more than 2000 members covering all types of impairments, of whom 35 are representatives in the General Body.

Its President has been appointed as member of the District Planning Committee and the Local Level Committee of National Trust.

Some of their leaders have also been elected as members of the National DPO Federation being initiated through Caritas India CBR Forum with DPO members from across the country.



# Southern India



The southern region consists of the states of Karnataka, Tamil Nadu, Kerala, Andhra Pradesh and Telangana, and the union territory of Pondicherry. The states in the southern region are quite densely populated with large cities, big and small towns and villages spread across. The distances between the cities, towns and villages are not too far. They are well connected by bus service, both government and private, and there are also other modes of transport easily available, even in the hilly region. Educational and medical services from the government and private service providers are available in most towns. Villages have government schools up to primary or middle level, and for high school, children go to the nearby town or city. The structural condition of schools in the south is reasonably good with regular attendance by teachers. The panchayat system in these states is quite effective, especially in Kerala and Tamil Nadu. They meet regularly and discuss issues related to village development. Over the last 10 years, they have also been discussing the needs of persons with disabilities (PwDs). Women are active in panchayats, wherein many, especially in Kerala, are panchayat leaders.



There are a significant number of service providing organizations and institutions in the southern region catering to the rehabilitation/intervention needs of persons with different types of disabilities. Though many are urban based, they have extension/outreach programmes with CBR approach for persons with disabilities in the rural areas. There are also a number of organizations providing such services in rural areas. The State governments in this region have been pro-active in the inclusion of persons with disabilities in programmes and schemes. For e.g., three large government funded programmes in Andhra Pradesh, Telangana and Tamil Nadu have a pro-active policy to ensure inclusion of persons with disabilities along with other marginalized groups, in which a large number of PwDs have gained from them in the last decade. At the local administration level, much effort has been made by NGOs to sensitize the local government officials and panchayat members on disability issues, the rights of PwDs and on the provisions in the Disability Act on non-discrimination, equal opportunities and inclusion.

Promotion and formation of DPOs has resulted in thousands of DPOs working at present at local, block and district levels, with a few functioning at the state level. Many of these DPOs are active with a large membership and have raised awareness among PwDs and in the community on the rights of PwDs. As a result, most PwDs enjoy all their entitlements, from disability certificates to maintenance allowance, free bus pass, old age pension etc. There is greater inclusion of PwDs by accessing 3% allocation in all developmental schemes as specified in the Disability Act. DPOs have also played an active role in encouraging income generation and livelihood programmes for PwDs by linking them with banks and financial institutions.

In the southern region, the level of awareness about disability related issues among PwDs, in the community and in the administrative system – is higher than in the rest of the country. Much of this is due to efforts of the disability groups and organisations which have found a favourable/receptive response among the people who have a higher level of education and are well informed about the local administrative system. Overall, the situation of PwDs has improved significantly in the last decade in this region, with much effort also being put in by them either individually or through DPOs to improve their status.





Jeeva Jyoti is working on issues of child rights and bonded labourers working in brick industries in Tiruvallur district in Tamil Nadu. They have community development programmes and special programmes for children, including a home for children in crisis. They started to work with people with disabilities as partner of CBRF as they found many such persons in their area of work.

## TAKING SMALL STEPS TOWARDS LIFE



**L**okesh, 5 years old at present, was born with multiple disabilities, having difficulty of both speech and mobility. His father is employed, while his mother does odd jobs besides managing the home. His elder sister studies in class 4 in the local school. Under the guidance of CBRF and ADD India, the CBR team identified him two years ago. He could crawl a little inside the home but had to be carried by his mother whenever going out of the house. His mother is his friend and care giver and devotes most of her time for him despite her other schedules of work for earning an income. At other times, Lokesh would sit silently by himself and weave dreams of going to school as he watched other children pass by on their way to school. His mother bought him a school bag to pack everyday so that he would be ready to go to his school one day.

**T**he CBR team from Jeeva Jyoti took Lokesh, accompanied by his mother, to the Block Resource center (BRC) in Cholavaram, about 5 kms away for assessment. Following this, his mother took Lokesh to the therapy center regularly and also learnt to give him therapy at home. Later, the BRC provided a walker for Lokesh with which he practiced and slowly learned to walk with support. With time and practice, he also started to speak a few words.

Seeing the progress in his condition, the CBR team got him admitted to the local school where he is happy being with other children.

Lokesh is a happy and emotionally self reliant child. He is friendly with other children and he loves plants and pets like dogs and cats. His mother is very hopeful that his condition will improve and he will be able to socialize with others.

*"I would like him to have the opportunity of childhood like any other child and have the opportunity of life as a total human being."*

*says his mother.*



**Society of Daughters of Immaculate Mary (DMI)** has development programmes for the empowerment of women and children at grassroots level in Tiruvallur district in Tamil Nadu. The mission of DMI is to serve the poor and the marginalized by enabling them to get their legitimate share of the socio, economic and political development in the area. They commenced a CBR initiative with Caritas India CBR Forum to reach out to PwDs in the rural areas.

## SUPPORTING EDUCATION, CREATING POSSIBILITIES

**M**onica, 18 years old at present, was diagnosed with severe low vision when she was ten years old. She was studying in a local school and continued her studies as she was happy being with friends. After two years, her mother observed that Monica was becoming increasingly silent, slow in her day to day activities and erratic in her communication. At times she could not even communicate or fulfil her own self care needs. She also started having epileptic fits, often. Her parents took her to the children's hospital in Chennai and the diagnosis this time was symptoms of mild intellectual disability. With increasing effects of her disabilities, Monica discontinued studies after Class 8.

Two years ago, under the guidance of CBRF and ADD India, the CBR team contacted Monica and made an intervention plan together with her family, focusing mainly on helping her to continue her studies. With support from family members and school teachers, Monica resumed her studies in the nearest Government school. She was happy to be with her classmates. Her mother took Monica to school every day and brought her back and spent most of her time with her, talking and encouraging her. Her daily schedules got systematized and her focus on whatever she was doing increased. Monica passed the 10<sup>th</sup> standard scoring high marks.

Monica, now 18 years old, is studying in Class 11 in a girl's school close to her home.



*"She wants to become a teacher. There are many who have walked the path with me and Monica over the past years. My sincere thanks to them."*

*Monica's mother.*



**Swamy Vivekananda Angavikalara Kshemaabivirudhi Samsthe (SVAKS)** is a federation of persons with disabilities promoted by ADD India, working in the Chikballapur district in Karnataka. They work for the rights, non-discrimination and inclusion of persons with disabilities in the community and in all development programmes of the government. They focus especially on the rights and needs of women and children with disabilities.

## HELPING TO DEVELOP SPEECH

**N**ithyashree, now 7 years old, was born with hearing impairment. It took time for her parents to recognize her impairment. 'We thought there was nothing wrong with her as we mistook her silence for her nature. We assumed that she would be fine as she grew up but we got worried when her hearing did not get better even at the age of five,' said her parents. With the help of SVAKS, a DPO promoted by ADD India, she was taken to a hospital for assessment and was given a hearing aid. Therapists from different organizations trained her mother to provide speech therapy at home.

Nithyashree is in class two now. She is a happier child than before as she is able to interact with her classmates and teachers. She is doing well in her studies and also participates in games and activities with more confidence and enthusiasm.

***"The therapists helped us to understand that her impairment is manageable. They taught us the 'do how' of managing it effectively at home in a disability friendly manner. A lot of our understanding on hearing impairment has changed.***

***The therapy exercises helped me to understand her more as a person, and her preferences. The bonding between me and her became stronger and functional. I came to know more of myself as a person, as a parent of a child with impairment."***

***-Nithyashree's mother***







## BUILDING CAPACITIES, EXPANDING POSSIBILITIES

**S**hameem is 28 years old and is from Sidlaghatta taluk in Karnataka. She had polio when she was 1½ years old, and since then has lost the use of both her legs. As she was unable to walk properly, she remained closeted within her home, except to go to the primary school in her village. She had few good friends in school but going back and forth to the school was strenuous and painful. She continued till Class 5 and then discontinued as the middle school was too far away. She remained at home most of the time, did household work and made garlands to earn some income.

She was contacted by the CBR team of ADD India a few years ago as part of their community contact. She was encouraged to become a member of the DPO, which changed her life in many ways. Being a part of the DPO and interacting with other persons with disabilities gave her a purpose in life. She joined the savings and credit group and this strengthened her motivation and confidence in herself. With her disability maintenance grant, she started contributing more to the family finances, which brought a change in her status and identity. 'This made me a more equal member in the family,' she said.

Shameem made a plan for socio economic self reliance with guidance from the CBR worker of the ADD India team. She identified two enterprises: knitting wire bags and making garlands with artificial flowers. Both these trades were popular in her neighbourhood and would thus have a steady market. She approached the DPO for a loan and started a new business of making artificial flowers. She began earning Rs. 80 – 100 daily. 'I could meet my needs and the needs of my family members better with this income. I set aside some money for my own capital.' However, she had to spend her savings for the treatment of her mother who fell seriously ill. Now she earns her living by making artificial flowers for a local businessman and earns nearly the same amount as she did before.

***"Life is what we make out of it. The DPO was the start up to have this change in my thinking. I now play a more active role in the activities of the DPO. I am planning to apply for a licence to run a ration shop. Today I am more confident of planning my life and managing my life successfully!"***



**Madras Social Service Society (MSSS)** is a diocesan programme focusing on working with women, landless agri-labourers, the fishing community, farmers, youth and children. The focus of their work is on women, as they feel if women are empowered, others can be taken care of at the family and community levels. As a partner of Caritas India CBR Forum, MSSS has included persons with disabilities from their area in education, health, livelihood and self-governance programmes. BNI came on board later to include persons with mental illness in the CBR Programme.

## REINTEGRATING INTO FAMILY AND COMMUNITY

**M**ercy, 45 years old, living in Tiruvallur district in Tamil Nadu, underwent surgical removal of a tumor in her ovary in 2014. Her husband explained that she had severe bleeding after three months of the surgery. She became emotionally upset with symptoms of isolation and depression with suicidal tendency. She stopped eating properly or even taking interest in her personal care like bathing or changing into clean clothes. She refused to step out of the house, and did not participate in any of the household work. She could not sleep at night and this had an effect on her health. Her husband said, 'My children and I want to help her. But she does not cooperate. We just do not know how to help her.'

Under the guidance of BNI, the CBR team from MSSS met Mercy one year ago and initiated an intervention plan that included medication and counseling for its use. The goal was reintegrating her into the daily life of the family. Mercy is being visited regularly and members of the family who are taking care of her receive counseling along with Mercy, twice a week. It is ensured that she takes the prescribed medicines regularly. The first sign of change in Mercy was her interest to knit wire bags! Now, Mercy is attending to her personal care without anybody's insistence. She has started cooking, washing and shopping. Her interaction with her husband and children has increased. She goes for MGNREGA work but also earns by knitting and selling wire bags. She attends public functions and has now become a regular member in the local DPO which is helping her to interact with others.





**Integrated Women Development Institute (IWDI)** is working for the betterment of women who are discriminated and marginalized in Tiruvallur district in Tamil Nadu. They started by forming self help groups of women as an entry point in the villages. They have promoted skill and vocational training to youth and livelihood programmes in the community. When they found that women and children with disabilities were often excluded from family and society, they joined hands with Caritas India CBR Forum to reach out to persons with disabilities in their area of operation.



## RESPECT THROUGH LIVELIHOOD

**D**evika, 24 years old from Tamil Nadu, has severe locomotor disability. She has studied up to class 8. "Right from my childhood days something within me kept telling me, 'Make your best efforts to be of use to yourself and others. Do not make your impairment an excuse for not doing it,' I found the opportunity coming my way in the DPO in Karani." She learnt tailoring from IWDI and joined a DPO as a member. Soon she became an active leader in the DPO. "The membership in the DPO gave me a collective identity and strength. The training and input that I received helped me to develop my leadership skills and personal initiatives. The planned activities that we took up collectively gave us all the confidence for negotiation with the Government and others in society."

As part of the intervention plan for her in the CBR programme, Devika took training in 'servicing and repairing of mobile phones' at the Regional engineering college, Tiruchirapalli and passed with merit. She is presently working in a mobile phone servicing company. After ensuring her career and becoming a leader in her DPO, Devika grew confident to seek her own partner in marriage. "I attended the SUYAMMVARAM (matrimonial programme) event organized by the District Federation for persons with disabilities. I was happy that I found a good partner." Along with getting married and setting up their new home, her husband has started supporting her in her work both in the company and in the DPO.

Devika is now a role model for women in her village. "Three things helped me to be successful. First is my confidence and effort. Second is the understanding and mutual support of my family, consisting of my husband and me. Third is the society which has a place for people with disabilities."



# CONFIDENT TO WORK

**M**aheshwari, 18 years old, is from Tamilnadu. She has 70 percent locomotor disability due to an accident at the age of 4. 'But I was determined to do something out of my life!' she reiterated. This determination helped her complete her class 11. She became a member of the DPO in her village one year ago when the CBR programme was started by IWDI in the area, under the guidance of CBRF. She was not active in the beginning as she did not believe that the meetings and activities would do her any good.

"When I saw a change in the lives of some of the women in the group, I changed my attitude. I decided to make the best out of my membership in the DPO. The CBR team was of great help in bringing about this change in me. My parents also encouraged me in my efforts for change."

Maheshwari's main anxiety was regarding earning a living. "Who will give me a job? What kind of a job can I get with my disability?" she mused. A change in her life happened when the CBR team with the assistance of the DPO helped Maheshwari to get admission for training in Tally software in Tiruvallur along with a stipend to cover her travel expenses. "My confidence in myself and in the society around me increased phenomenally." The training was a life experience for Maheshwari. "My identity changed in my family and neighborhood. My family started talking about my future plans! Neighbours invited me for occasions in their homes."

Maheshwari completed her training and is now employed in a private company. She contributes to the family budget from her income. She puts aside some amount for her future and is planning for her future with a long term perspective.

*"Many people contributed to what I am today. All their efforts helped me to gather my efforts and strength and have the determination to include myself as equal to any other."*

*Her message is, "Anything is possible for people with disabilities, who focus on success, if they make the effort!"*





**Kerala State Disability Forum (KSDF)** was promoted in 2013 with representation through District level DPOs in seven districts in the state. These DDPOs were the outcome of a nine year partnership with Caritas India CBR Forum (CBRF) and ADD India in a CBR Programme. KSDF has a governing body of 16 members, of which three are women. The district level DPOs have built good rapport with government departments, Panchayats and other service providing organisations in the region. Through their efforts, 6,331 PwDs have been identified as members. They have formed village level DPOs which are linked with government departments, banks and other financial institutions. These DPOs have been successful in accessing various benefits and entitlements from the panchayats and government departments for their members. They are also making efforts to bring some systemic change for the inclusion of PwDs in programmes and in the society. The Kerala State Disability Forum has moved a step further – it has become a member of the National Federation of DPOs initiated by CBRF representing 60,742 persons with disabilities, where they take up issues that need to be addressed at the National level.





# FREEDOM TO MOVE AROUND INDEPENDENTLY

**T**hangamani S., 59 years old, President of Safalayam Federation of PwDs, keeping 30 goats for his livelihood, goes to the market on his adapted four wheel scooter, visits village level DPOs and goes to attend local panchayat meetings.

Raju, 55 years old, member of a DPO, cuts grass for cattle feed and carries it to the market for sale on his adapted four wheel scooter.

Nirmala, 35 years old, who runs a petty shop selling fruits, bakery items etc. goes to the market on her adapted four wheel scooter to purchase the required items for the shop. Earlier she had to request others to get these items for her.

Lijji, 24 years old, who is learning to work on computers, goes on her adapted four wheel scooter to the coaching class to prepare for her public sector exam. She is hoping to get a job under the special employment quota for PwDs.

There are 43 persons with different types of disabilities in this federation in Trivandrum District in Kerala, engaged in coconut selling, carpentry, lathe work, newspaper selling, delivery service etc. who got the adapted four wheel scooters from the panchayats.

The process of getting adapted four wheel scooters for PwDs started in the year 2011 when the District Disability Rehabilitation Officer (DDRO) recommended that the panchayat give these vehicles from their 3% reserve fund. He had heard many PwDs complain about the disabled unfriendly buses and how useful it would be if they had their own vehicle to travel around. Since these vehicles are expensive, they could not afford to buy them on their own.

The District Planning Committee had issued a circular to panchayats to utilise the 3% reserve fund for the benefit of PwDs. The five federations formed in Kerala gave suggestions on how this fund could be used. On hearing the suggestion of the DDRO, the DPOs lobbied and put pressure on their panchayats to provide adapted scooters to their members. In the last four years, nearly 400 PwDs have accessed such adapted scooters through the five federations in Kerala. The applicant members have to give a certificate from the doctor that they are capable of driving. They also have to give an undertaking that the vehicle will not be sold.

With this vehicle, the lives of these people has become easier as they are free to go around as they wish and they also feel included in the society. Accessibility has changed their life and the way society looks at them!





## **Annai Theresa Disability and Development Trust**

**A**nnai (Mother) Theresa Disability and Development Trust (ATDDT), a district level DPO Federation formed in 2009, is working in 119 panchayats in three blocks of Pudukottai district in Tamil Nadu. This cross disability DPO has 2,605 members from 147 village level DPOs (sanghas). Its main objectives are to enable all PwDs in the district to access their rights and entitlements for their social and economic development which will help them to gain equal status in society. It also takes up issues of discrimination faced by PwDs and sensitizes communities to respect and include them in all activities.

The major activities taken up by the Federation include support for girls and women with disabilities in education, up-gradation of their skills, health awareness and linkages promoting inclusive education for children with disabilities through Sarva Shiksha Abhiyan, identifying PwDs, especially children within communities and referring them for appropriate interventions. In addition, the Federation promotes livelihood opportunities for persons with disabilities through linkage with banks and supports agriculture related supplementary income programmes and capacity building of members on the objectives of the sanghas and federation. They also work actively with families of persons with mental illness, forming Caregiver's (of persons with mental illness) Associations and help them to access medication from government hospitals.

Under the guidance of ADD India, ATDDT, over the last five years, has successfully accessed many provisions and entitlements from the government for persons with disabilities through advocacy actions. These include disability certificates and identity cards, social security benefits, travel concessions in buses and trains, scholarship for children in schools and appropriate aids and appliances. The federation has facilitated loans for 328 PwDs from banks to increase their income through self employment or livelihood activity and ensured the repayment of such loans, which has increased the financial credibility of PwDs and ensured that bank officials sanctioned further loans for them.

Under the District Mental Health Programme (DMHP), medicines for mentally ill persons are meant to be available at the local/district hospitals. However, as this scheme was being poorly implemented, most families had to spend both time and money to travel nearly 40 kms to Trichy to get the medicines. The federation members made a representation to the health department, which eventually agreed to supply medicines through the local hospital to a specific number of persons who have the card issued by the authorities. Mentally ill persons and their families are now able to access medicines in the local hospital regularly.



# PRESSING FOR SYSTEMIC CHANGE IN EDUCATION

**N**oorjahan, 22 years old, is from Keeranur in Tamil Nadu. She has low vision and Albinism. She lives with her parents and two younger brothers who are working in a factory; and is well taken care of by her family members. One of her brothers is also with low vision and Albinism. When they were young, the parents took both of them to the Government hospital. The doctors informed them that the disability was not degenerative and asked them to get devices for reading.

Noorjahan studied in the Government school. When she had to appear for her 12<sup>th</sup> standard public exam, the school headmaster didn't allow her to write the exam since she wanted a little longer time to write. She approached the ATDD Federation for support. The federation members approached the Chief Education Officer and got the permission to permit her to write the exam with the help of a scribe. She passed the examination and presently she is pursuing a Bachelor of Arts Degree at a college in Trichy.

She is a member of ATDD federation and of the Sadhana women's group. Through the federation she got a bank loan for buying an auto rickshaw for her father. Her father is earning well now and she is proud to have supported her family financially. Through the ATDD Federation she got a disability I.D card and her entitlements. During the World Disability day celebration, the District Rehabilitation office gave her an electronic magnifying lens in appreciation of her efforts to study further.





**Vasantham has been making inroads into high level committees:**

- santham has been making inroads into high level committees:**
- The District level Coordination Committee for the welfare of PwDs had not been set up in the District. Vasantham's intervention resulted in its being set up in April 2014 and its president was included as one of its members.
  - Mr. Livingston, the president of the Federation is also included as a member on the Divisional Railway Users' Consultative Committee of Southern Railways, Chennai. They review accessibility issues in the railways.





**Integrated Rural Community Development Society (IRCDS)** is a development organisation established in 1986 to facilitate community based action among the poor and marginalized communities in Tiruvallur District of Tamilnadu. IRCDS concentrates on building the capacity of the people to be responsible for their own development. The target communities have been organised into self-help groups to take up development issues. A long standing partner of Caritas India CBR Forum, it started working with persons with disabilities since 2002 through CBR approach.

## ADVOCATING FOR SYSTEMIC CHANGE

**Vasantham Federation of Differently Abled Persons, Tiruvallur District, Tamil Nadu**

**V**asantham District level DPO Federation was established in 2005 federating 290 persons with disabilities across 21 village level DPOs as an outcome of the CBR Programme commenced in partnership with Caritas India CBR Forum. When PwDs of the neighbouring blocks got to know about the success of the CBR project and the DPO initiatives, they approached IRCDS to seek an expansion of the project interventions. By 2008, Vasantham increased its membership base to 1,236 persons with disabilities across a total of 131 Village level DPOs. It emerged as a District Level DPO and was registered under Tamil Nadu Societies Act in 2010. The Executive members of the DDPO were elected through a democratic process in May 2010. In view of giving a fillip to the already thriving DDPO, Caritas India CBR Forum started its District Level Initiative in partnership with 8 other local NGOs in Tiruvallur District in 2012 giving Vasantham, the opportunity to extend its membership to 10,070 persons with disabilities across 14 Blocks.

In 2012, IRCDS and Vasantham have jointly compiled a handbook on Government Welfare schemes and orders for PwDs and have shared it with State level DPO Networks, other DPOs and NGOs and also made it available online.

One of the foremost issues taken up by the Federation was to ensure that PwDs were able to express and register their grievances. The office of the District Collector was inaccessible and often PwDs had to stand for long hours to register their complaint as there was no seating arrangement. After collecting data about the number of PwDs coming to meet the District Collector every Monday and documenting the ordeal faced by them, leaders of Vasantham Federation met the District Collector and submitted a memorandum, requesting him to make arrangements for accessible facilities. Now the Federation has been authorized by the District Collector to depute volunteers on Mondays to assist PwDs in writing their complaints, and to guide them to meet the District level authorities. A separate accessible grievance desk has been created near the main entrance of the Collectorate, where the Collector himself receives the grievances from persons with disability.

Vasantham has ensured access of persons with disabilities and their families to the MNREGA scheme that aims at enhancing the livelihood security of people in rural areas. The implementation of this scheme for PwDs in the district had been minimal, as the socio-cultural ideologies consider them to be unproductive. After Vasantham submitted a list of PwDs living in 25 GPs and in need of work to the State Commission for Rural Development, District Collector, Project Director (DRDA) and BDO, proactive action has been taken to facilitate the employment of PwDs, through sensitisation of Supervisors, which has ensured that many PwDs are now getting job cards, appropriate jobs and full wages under this scheme. It has not only helped them to earn money but has also created opportunities for PwDs to come out from the house and integrate with others.



# INFLUENCING FINANCIAL INSTITUTIONS

**B**alaji, a 42 year old visually impaired person, living in Tiruvallur District, Tamil Nadu, is the eldest son in the family. He had low vision from a very young age and was able to study up to the 7<sup>th</sup> standard.

Along with his wife and one son, Balaji lives with his mother and younger brother. Balaji lived in isolation as people in his village used to call him derogatory names. Family members also hesitated to take him to social functions. Though this joint family had 6 acres of agricultural land, they were not able to engage in agriculture due to lack of water. Hence they had given the land for lease and earned very little income. Balaji was able to get only agricultural work.

In May 2012 Balaji was identified through the CBR project and Balaji and his wife were encouraged to attend training inputs organized by IRCDS. As a result of these small group meetings and capacity building programmes for DPO members, changes occurred in the life of Balaji. He has received his disability ID card and became a member in the village level DPO. He started participating in the village level DPO meetings, sharing his needs, and involving himself in the monthly savings in the group.



As a result of advocacy by the DPO with the help of the CBR team, Balaji has got a job according to his ability under MGNREGA. This helped the family to have an income during those times of the year when there are no opportunities for agricultural work. Balaji decided to dig a bore well with the support of a loan, after attending training on Livelihood. He received a bank loan of Rs 20,000/- through the VDPO and has used the same for digging a bore well. After that he started cultivating paddy on his family land. Now he is waiting for the harvest (30 bags per acre x 6 acres – 180 bags). He is also repaying the loan promptly.

The cooperation extended by Balaji's wife, family and the community contributed to the change in his life. The role of the Panchayat, the Bank and the Govt. authorities – all helped bring about a change in Balaji's life today. He has gained more confidence and feels much more secure now. He has gained recognition from his family and the community. He attends gramasabha meetings and in the evening, he chats with his peer group.

"The training given through the DPO kindled my motivation and made me look towards the possibility of cultivating our land by ourselves,"

Balaji



**Canossa** is an organization that works in Draksharama, East Godavari District, in Andhra Pradesh since 1998. They work in the areas of health, education, rehabilitation, empowerment and vocational skills. The main target groups are women, children, persons with disability, persons with mental health problems, HIV affected persons and persons addicted to alcohol. They have extended their work to care for persons with disabilities as part of the DLI approach commenced by Caritas India CBR Forum. Since 2009 they have also partnered with BNI.

**Uma Educational and Technical Society (UETS)**, is a leading NGO in East Godavari District of Andhra Pradesh founded in 1988. Their activities include a school for children requiring special education, a Diploma course in intellectual impairment and Hearing Impairment, early intervention and rehabilitation center for Deaf-blindness, an aids and appliances workshop and supporting inclusive education for students with disabilities at the secondary stage. They are also involved in HIV/AIDS projects. A long standing partner of Caritas India CBR Forum (since 2000), UETS has been implementing CBR Programmes in various Mandals of East Godavari District. Since 2009 they have also partnered with BNI.

**T**he District level Initiative (DLI) approach aims at mobilizing and capacity building of stakeholders' resourcefulness over the seven years of the project period. As a result, it is expected that there will be sustained and effective engagement with the public provider system at different levels in the district, benefiting in sustained access to services and entitlements for the affected groups.

The DLI in East Godavari district was initiated by Caritas India CBR Forum in the year 2009 with the participation of 8 NGOs and the technical support from Basic Needs India and ADD India for the capacity building of the multiple stakeholders.

The decision to focus on mental health issues as part of the DLI approach emerged in the year 2011 from the realization that despite working with other disabilities, partner NGOs had not included mental health as part of their programmes. Further, local communities were found to have stigmatising attitudes towards people with mental illness due to beliefs such as - MI was caused by black magic, possession by evil spirits etc. Most people in the community also believed that mental illness was contagious and unmanageable. Thus PwMI and their families lived on the verge of isolation with limited social contact and were left out of social and cultural activities. Further there was little help for PwMI due to non availability of proper support and guidance.

With training support from BNI and ADD India, the beliefs and attitudes of the staff of UETS and Canossa Society changed and they adopted an inclusive framework in practice. Community level mobilization adopted by both organizations involved both families and communities in the process of rehabilitating PwMI. The Disabled Person's Organisations (DPOs) were sensitized about the situation of PwMI, who had till then been peripheral members of these groups and their issues largely ignored. DPO members were facilitated to change their attitudes and accept and respect the PwMI in their groups. When PwMIs found that the DPO members respected them as persons they were happy and started participating in all activities. PwMIs also take active part in the DPO meetings and voice their need for disability certificates, better living facilities, livelihood support and access to free psychiatric medication and counselling. They are aware of their need for training to educate themselves about their condition, the means to overcome the same and the manner in which they can become more functional and contribute to the community as well as earn economically.



Using the DLI approach, members of the DPOs and Federations engaged in advocacy to ensure access to disability assessment and medical support (both of which constitute a part of the process of rehabilitation of PwMI). Intensive lobbying with Government officials at different levels by the DPOs and Federations has ensured that PwMI are issued Disability Certificates, which enables their access to social security benefits. Due to the efforts of DLI partners, an additional Psychiatrist has been posted in the district and the government is providing continuous medication through the medical college psychiatric department. The state employed community health workers have been sensitized and are also identifying and referring PwMI.

Community level changes have also occurred. PwMIs are now invited to functions and ceremonies in the village and community members also attend the functions held in the houses of the PwMI. Inclusion at the level of employment is being achieved.



## REINTEGRATING INTO COMMUNITY LIFE

Venkatalakshmi, 40 years old and a tailor, developed mental illness when her husband started living with another woman. Later she became chronically ill on the death of her husband four years ago. She started wandering in the village and gathering garbage from dustbins. She used to curse her daughters, abuse and beat them. People called her a mad woman and she would get very angry. She would beat them. All her relatives were afraid of her.

When the CBR field worker visited her house and counseled the house members, they provided Venkatalakshmi a lot of motivation to get treated. Since Venkatalakshmi had the spirit to fight her illness, she listened to the CBR worker who said help was available. The family, along with Venkatalakshmi, was taken to a Psychiatric hospital at Visakhapatnam. There Venkatalakshmi was diagnosed with Schizophrenia and provided in-patient medical treatment. UETS paid for her medication and she made good use of the treatment. On her return, she was involved in women's group meetings and DPO meetings where they provided awareness regarding mental health and regular medication intake to Venkatalakshmi and tips for her daughters to care for her.

Presently, Venkatalakshmi is maintaining herself and her daughters by doing housekeeping work. She has established a good rapport with her employers who are very understanding. She gets involved in the family affairs, has stopped abusing others, has stopped wandering all over the place and comes home every night. She has re-built a great relationship with her daughters. She wants to engage in tailoring which she is good at doing - she stitches beautiful Punjabi clothes. The neighbours are co-operative and have played a great role in facilitating her recovery. There is mutual sharing of views between her and the neighbours.





## INCLUDED WITH COMMUNITY SUPPORT

Parvathi came back to her parental home after two years of marriage during the course of which she was treated brutally by her husband and her mother-in-law. At 20 years of age, she was 3 months pregnant and following her miscarriage, she started showing symptoms of mental illness. Her family took her to a private psychiatrist in Rajmandri Town. Parvathi has been on psychiatric medication for major depression for the past 15 years. Her family sold off part of their land to meet the cost of treatment. Though Parvathi was under medication for 15 years, it was not regular.

The CBR worker identified her through the DPO and arranged for her to access medication from Kakinada District Hospital. Every month she gets free medicines for the first 10 days and has to pay only for the medicines required in the next 20 days.

Regular treatment for the past seven years has improved Parvathi's condition greatly. She now socializes well with the people, whereas previously she didn't want to talk to anybody. She involves herself in the day to day activities and helps her mother cook food. She sweeps the compound. She also tends to the vegetable garden with the help of her mother. She carries water and keeps the house clean. She takes part in all the festivities and social gatherings in the community. She is part of the village DPO which she joined in 2012 and has succeeded in building rapport with the community. The community understands her now and so there is very little stigma.

Parvathi has started a petty shop with financial support from the Village level DPO (VDPO) and gets a profit of Rs. 300 per month selling toiletries, vegetables and flowers grown in their garden. She has also bought a goat and looks after it. With her earnings she is now able to save Rs. 50 every month.





# Epilogue

Community Based Rehabilitation, as a strategy for inclusive development, has demonstrated its potential for changing attitudes towards disability within families and communities, often resulting in corresponding changes within community structures and practices. The efforts of these three organizations focused on using CBR as a community development strategy in resource poor remote areas in different parts of India in order to improve the quality of life of persons with disabilities and their families. It has resulted in innovative usage of perspectives, skills, abilities and knowledge to bring about changes in the lives of PwDs. Taking cognizance of prevailing social, economic and cultural issues, different programmes have developed in response to local needs, priorities and resources. Changes have been effected at individual level and within families and communities, through provision of services for development as well as facilitating access to their rights to health, education, livelihood and social security, using advocacy by persons with disabilities and their families in different parts of the country. As a result, there has been a definite improvement in the quality of life and enjoyment of human rights for PwDs. This has, in turn, created space for the realisation of the philosophy enshrined in the UNCRPD.

As CBR has involved partnerships with PwDs, both, adults and children, their families and communities, it has evolved as an holistic approach encompassing physical, social, educational, livelihood, protection and other requirements. Implementing CBR has led to building of capacities of PwDs and their families in the context of their community and cultures. This has also led to transfer of skills to the community aimed at achieving broader social and systemic changes as well as maximizing social inclusion and improvements in the individuals' functional capacity. Thus CBR has ultimately promoted greater community participation of PwDs along with inclusion in existing mainstream services available for all people in the community. As PwDs and their families have started achieving, the local community has become confident of supporting the PwDs' self-empowerment. The role of PwDs and their organisations is central to this process of demystifying impairments and advocating that disability needs to be seen as a development issue - social and political.

CBR as a strategy has touched lives, families and communities, engendered empathy for PwDs and their families and sensitized communities to take up necessary action. CBR has given strength to many PwDs and their families to dream of a life and a future that allows them to express themselves in their own ways, emerge from an existence of relative isolation and protection to lives that are more participatory within families and communities. Many of them have become role models and leaders in their own right, not only for PwDs but for all people in the community. Yet a lot remains to be done ... the focus now is on building upon the lessons learnt over the years and in different regions in order to move forward so as to ensure that empowerment and social inclusion of PwDs within communities becomes a reality in all parts of India.



# Abbreviations

ADD India	Action on Disability and Development India
ADL	Activities of Daily Living
ANM	Auxiliary Nurse Maid
ARUNIM	Marketing Federation for Economic Empowerment of Persons with Disabilities
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
BDO	Block Development Office/Officer
BDPO	Block Disabled People's Organization
BNI	Basic Needs India
BPL	Below Poverty Line
CBR	Community Based Rehabilitation
CBRF	Caritas India Community Based Rehabilitation Forum
CBRW	Community Based Rehabilitation Worker
CMHD	Community Mental Health and Development
CP	Cerebral Palsy
DDPO	District Disabled People's Organization
DDRC	District Disability Rehabilitation Centre
DLI	District Level Initiative
DPO	Disabled People's Organisation
DRDA	District Rural Development Agency
GP	Gram Panchayat
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
NE	North East
NGO	Non-Governmental Organisation
NPRPD	National Programme for Rehabilitation of Persons with Disabilities
NRLM	National Rural Livelihood Mission
NDPO	National Disabled People's Organization
PESA	Panchayats (Extension to Scheduled Areas) Act, 1996
PHC	Public Health Centre
PwDs	Persons with Disabilities
PwMI	Persons with Mental Illness
RTI	Right to Information
SC/ST	Scheduled Caste /Scheduled Tribe
SHG	Self Help Group
SMC	School Management Committee
SSA	Sarva Shiksha Abhiyan
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
VDPO	Village Disabled People's Organization





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